

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Document Number

10/070957

CLAIMS AS FILED - PART I

| FOR | (Column 1) NUMBER FILED | (Column 2) NUMBER EXTRA |
|---|----------------------------|----------------------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 11 minus 20 = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) <input checked="" type="checkbox"/> | | |

| SMALL ENTITY | |
|--------------|-----|
| RATE | FEE |
| | \$ |
| x \$ | |
| x \$ | |
| + \$ | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|-----|
| RATE | FEE |
| | \$ |
| x \$ | |
| x \$ | |
| + \$ | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

TOTAL

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|---|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total (37 CFR 1.16(c)) | 100 Minus 20 | = 80 |
| | Independent (37 CFR 1.16(b)) | 23 Minus 3 | = 20 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | |
| x \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | 50 = 4000. |
| x \$ | 200 = 4000. |
| + \$ | |
| TOTAL ADD'L FEE | 8000. |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total (37 CFR 1.16(c)) | 72 Minus 100 | = |
| | Independent (37 CFR 1.16(b)) | 4 Minus 23 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | |
| x \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | |
| x \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total (37 CFR 1.16(c)) | Minus | = |
| | Independent (37 CFR 1.16(b)) | Minus | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | |

| SMALL ENTITY | |
|-----------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | |
| x \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

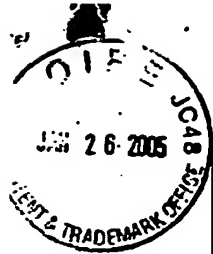
| OTHER THAN SMALL ENTITY | |
|-------------------------|----------------|
| RATE | ADDITIONAL FEE |
| x \$ | |
| x \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



| | | | | | |
|---|---|---------------------------------------|------------------------------------|---------------------------------------|----------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 57217 (72012) | |
| Application No. 10/070,957-Conf. #4893 | | Filing Date June 10, 2002 | | Examiner N. T. Diep | |
| | | | | Art Unit 2613 | |
| Applicant(s): Kensaku Kagechi et al. | | | | | |
| Invention: IMAGE ENCODING DEVICE | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 47 | - 20 = | 27 | x 50.00 | 1,350.00 |
| Independent Claims | 22 | - 3 = | 19 | x 200.00 | 3,800.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 5,270.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>5,150.00</u> . A one month extension of time has already been requested. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| <u>David A. Tucker</u> David A. Tucker Attorney Reg. No.: 27,840 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508 | | | | Dated: <u>January 26, 2005</u> | |

19/17/2005 PZINHERM 00000001 041105 10070957
11 FC:1201 200.00 DA
12 FC:1202 2650.00 DA